

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 30 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092428

1. Corporation Name

What It Is, Corporation

Principal Place of Business

Mailing Address

100 East Sample Road
Suite 200
Pompano Beach, Fl 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6601 Park of Commerce Blvd.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

December 22, 1994

City & State

City & State

5. FEI Number

Applied For

Boca Raton, Florida

City & State

65-0541299

Not Applicable

Zip

Country

Zip

Country

33487

USA

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 - Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Hank Asher	6601 Park of Commerce Blvd.	Boca Raton, Fl 33487
T	Karen Kline	6601 Park of Commerce Blvd.	Boca Raton, Fl 33487
S	Tom Quarles	6601 Park of Commerce Blvd.	Boca Raton, Fl 33487
			400003065134--9 -12/09/99-01041-012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hank Asher
100 East Sample Road
Suite 200
Pompano Beach, Fl 33064

Name

Hank Asher

Street Address (P.O. Box Number is Not Acceptable)

6601 Park of Commerce Blvd.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-29-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Karen Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Kline - Treasurer

11-29-99

Date

Daytime Phone #

KE

561-999-4405

CR2001 (12/98)